

RECEIVED

AUG 31 2022

CLERK, U.S. DISTRICT COURT
ANCHORAGE, AK

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(d))

This summons for (name of individual and title, if any) LOCUSTAR BEHAVIORAL HEALTH - SUZETTE
was received by me on (date) AUGUST 25, 2022 POSADO

- ☐ I personally served the summons on the individual at (place) _____
on (date) _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or
- ☐ I returned the summons unexecuted because _____; or
- ☒ Other (specify): CELECTED MAIL # 7020 1290 0000 0782 0718

My fees are \$ 8.93 for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: AUGUST 31 2022J. H.
Server's signatureDEAN KATE HUMPHREY PLANTIFF
Printed name and title7411 WILSON CIRCLE #3 ANCHORAGE AK 99502
Server's address

Additional information regarding attempted service, etc:

USPS TRACKING#

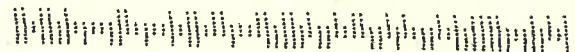


9590 9402 7650 2122 1988 45

United States
Postal ServiceFirst-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

DIOW K HOMMAY
7411 Worsen Circle #3
Anchorage AK 99502



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NORTHSTAR BEHAVIOR HEALTH
7530 DEBAR RD
ANCHORAGE AK 99508



9590 9402 7650 2122 1988 45

2. Article Number (Printed Name)
7020 1290 0000 0782 0718

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Paul Giesman

C. Date of Delivery

8/21

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt